

FAS Inspection Tool Manual

Child Care

May 2019

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CHILD CARE DOMAINS

The following Child Care inspection tools have been developed;

Standard Tool	Combination of (3) current kits, all pertinent regulations and statutes from the last 5 years, the most common cited deficiencies, and regulations that correspond to items on the Caring for our Children Basics: Health and Safety Foundations for Early Care and Education
Domain Focused Tool	Used with the Standard Tool when a Type A or 2 Type B citations are noted

The Domain Focused Tools are used when non-compliance issues are identified during annual or random inspections for Child Care Centers and Family Child Care Homes and focus on the following domains:

Child Care Centers:

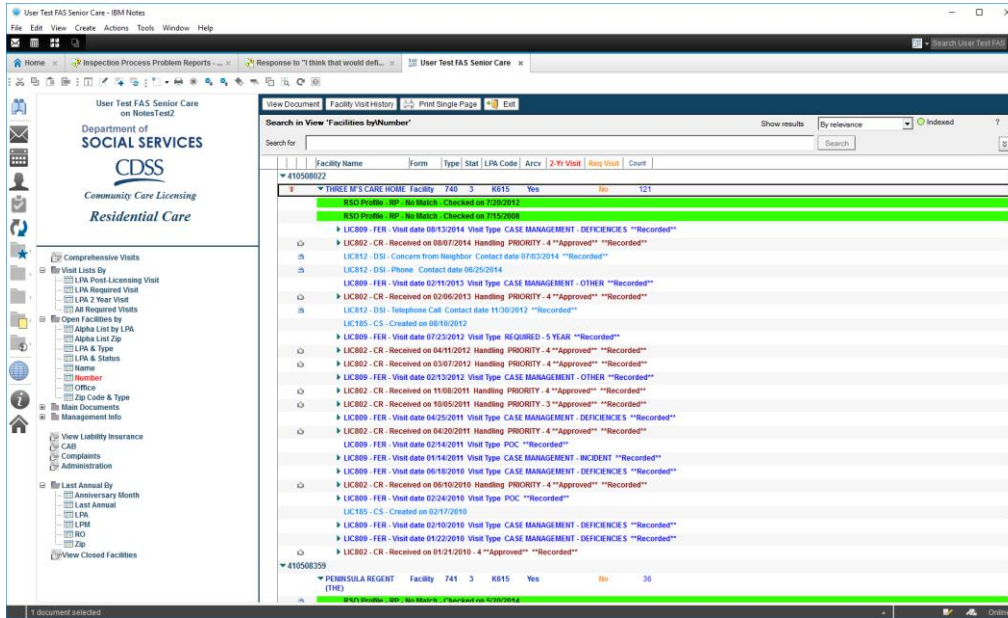
- **Care and Supervision:** protecting children in care, monitoring food intake or special diets, assistance in diapering, toileting, dressing, grooming, other personal hygiene needs, taking medication, etc.
- **Children's Records:** documentation on special diet or medical needs, individual development plans, etc.
- **Food service:** food and beverages provided to children in care
- **Personal Rights:** children's personal rights
- **Physical Plant:** furniture, toys, flooring, cleanliness, etc.
- **Reporting Requirements:** reporting incidents, etc.
- **Staff Records:** staff experience, qualifications, training, general information applicable to staff, etc.
- **Staffing Ratio and Capacity:** staffing ratios per number of children in care
- **Toddler Component:** children 18 months to three years of age

Family Child Care Homes:

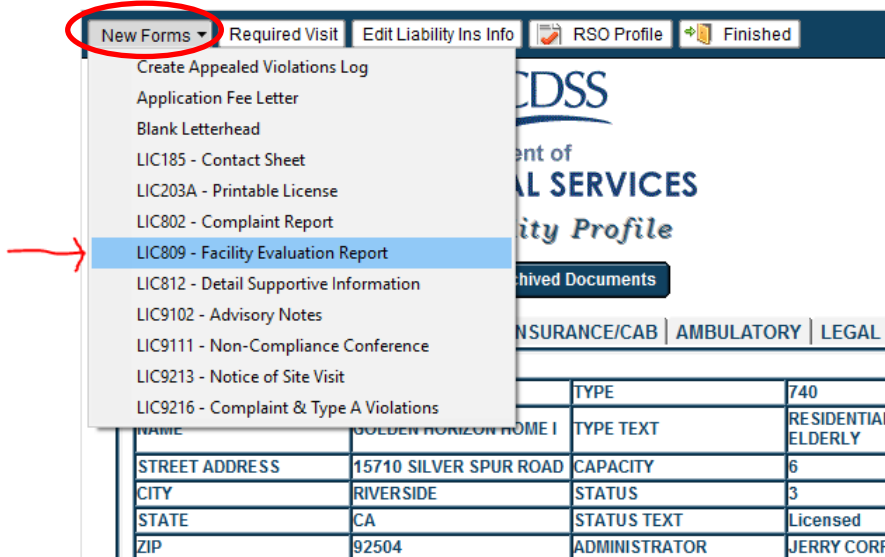
- **Care and Supervision:** protecting children in care, monitoring food intake or special diets, assistance in diapering, toileting, dressing, grooming, other personal hygiene needs, taking medication, etc.
- **Facility Administration:** documentation related to criminal record clearances and exemptions, personnel requirements, reporting requirements, etc.
- **Personal Rights:** children's personal rights
- **Physical Plant:** furniture, toys, flooring, cleanliness, etc.
- **Records:** documentation related to immunization, emergency contact information, etc.
- **Staffing Ratio and Capacity:** staffing ratios per number of children in care

CREATING AN LIC809 AND OPENING AN INSPECTION TOOL

Open the facility profile for the facility for which you wish to complete a pilot inspection.



Select the 'New Forms' button at the top of the profile, then select LIC809 – Facility Evaluation Report.



A new LIC809 will open. Select the type of visit, and input the required fields including the 'Met With', 'Census', and Date/Time information. Make the appropriate selection for 'Announced' or 'Unannounced' visit.

Note: For the pilot, the only visit types that should be selected is Annual and Random:

FACILITY EVALUATION REPORT

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: SOUTHLAND HOME	FACILITY NUMBER: 405802555	
ADMINISTRATOR: VALDEZ, KATHYRINE	FACILITY TYPE: 740	
ADDRESS: 804 SOUTHLAND ST	TELEPHONE: (805) 748-8713	
CITY: NIPOMO	ZIP CODE: 93444	
CAPACITY: 4	STATE: CA	
	CENSUS: 1	
	DATE: 06/11/2018 16	
TYPE OF VISIT: Annual/Random	<input type="radio"/> ANNOUNCED <input checked="" type="radio"/> UNANNOUNCED	TIME BEGAN: 03:50 PM
MET WITH: Person Name		TIME COMPLETED: 03:51 PM

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1 Narrative text...

2

3

4

5

6

7

8

Complete the Narrative portion of the report as you normally would.

Save the LIC809 by selecting the 'Save' button at the top of LIC809 screen.

Updates
Additional Forms
Sign LPA
 Save
 Exit

FACILITY EVALUATION REPORT

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: SOUTHLAND HOME	FACILITY NUMBER: 405802555	
ADMINISTRATOR: VALDEZ, KATHYRINE	FACILITY TYPE: 740	
ADDRESS: 804 SOUTHLAND ST	TELEPHONE: (805) 748-8713	
CITY: NIPOMO	ZIP CODE: 93444	
CAPACITY: 4	STATE: CA	
	CENSUS: 1	
	DATE: 06/11/2018 16	
TYPE OF VISIT: Annual/Random	<input type="radio"/> ANNOUNCED <input checked="" type="radio"/> UNANNOUNCED	TIME BEGAN: 03:50 PM
MET WITH: Person Name		TIME COMPLETED: 03:51 PM

[Delete](#)
[Updates](#)
[View Audit History](#)
[Continuation Forms](#)
[Additional Forms](#)
[Visits](#)
[Get Signature](#)
[Sign LPA](#)
[Print](#)
[Save](#)
[Exit](#)
[Inspection Tool Pilot](#)

Created By: [REDACTED] On 06/08/2018 at 01:06 PM
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 CCLD Regional Office, 7375 METROPOLITAN DR. #109
 SAN DIEGO, CA 92108

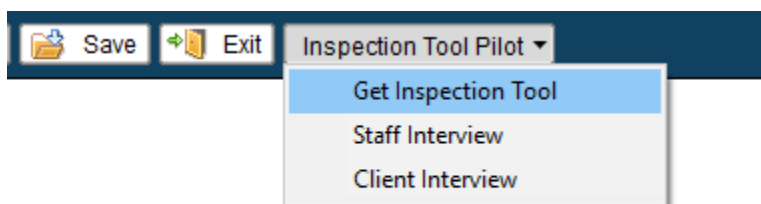
FACILITY EVALUATION REPORT

FACILITY NAME:	SOUTHLAND HOME	FACILITY NUMBER:	405802555
ADMINISTRATOR:	VALDEZ, KATHYRINE	FACILITY TYPE:	740
ADDRESS:	804 SOUTHLAND ST	TELEPHONE:	(805) 748-8713
CITY:	NIPOMO	ZIP CODE:	93444
CAPACITY:	4	STATE: CA	
		CENSUS: 1	
		DATE:	06/08/2018 16
TYPE OF VISIT:	Annual/Random	ANNOUNCED	
		UNANNOUNCED	
MET WITH:	Person Name	TIME BEGAN:	01:06 PM
		TIME COMPLETED:	01:07 PM

Once the LIC809 is saved, a new button appears at the top of the form and includes the 'Inspection Tool Pilot' button.)


When the 'Inspection Tool Pilot' button is selected, a drop down menu appears.

Select the 'Get Inspection Tool' from the drop down.



The Inspection Tool will appear as a '**Inspection Tool**' button just below the '**Met With**' field on the LIC809 form. Clicking on this button will open the Inspection Tool in edit mode in Excel.

[Link to Parent Document Below:](#)



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: SOUTHLAND HOME
ADMINISTRATOR: VALDEZ, KATHYRINE
ADDRESS: 804 SOUTHLAND ST
CITY: NIPOMO
CAPACITY: 4

FACILITY NUMBER: 405802555
FACILITY TYPE: 740
TELEPHONE: (805) 748-8713
ZIP CODE: 93444

STATE: CA
CENSUS: 1

DATE: 06/08/2018 16

TYPE OF VISIT: Annual/Random

☐ ANNOUNCED
☒ UNANNOUNCED

TIME BEGAN: 01:06 PM

MET WITH: Person Name

TIME COMPLETED: 01:07 PM

☐ Inter-Rater Reliability

☒ **Inspection Tool**

NARRATIVE
"Do not enter more than 25 lines of comments on this page."

1 Narrative text...
2
3

A Pop-up Box will appear, please input either Small or Large Capacity License. This will ensure the proper set of regulations will load for the facility and automatically select N/A for non-applicable selections.

Child Care Program

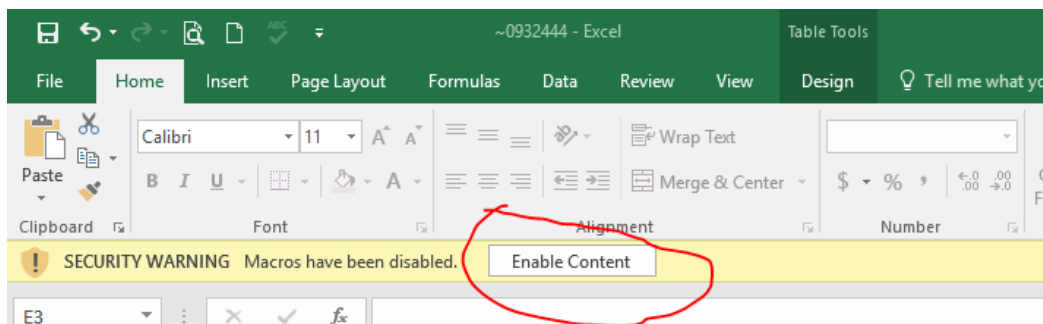
Select the client population residing in this facility:

☒ Small FCCH - 8 or fewer
☐ Large FCCH - 9 or more

If the Excel file is not visible on your Tablet after selecting Inspection Tool, it is most likely open in the background. Selecting the Task View Icon or hold “ALT+Tab” and should assist users in locating the open file.



Note: You may need to select the ‘Enable Content’ button at the top of the Excel Sheet for the form to be editable.



The Inspection Tool will open in a new Excel window.

- Entrance Guidelines and Entrance Checklist tabs provide instruction for LPA to conduct the inspection at the facility.
- You will notice that each inspection domain is included as a worksheet tab at the bottom of workbook. Each worksheet tab contains the corresponding regulation/statutes that must be reviewed during the inspection.

Entrance Guidelines
<p>The core mission of the Child Care Licensing Program is to ensure the health and safety of children in care. The Child Care Licensing Program strives to provide preventive, protective, and quality services to children in care by ensuring that licensed facilities meet established health and safety standards through monitoring facilities, providing technical assistance, and establishing partnerships with providers, parents, and the child care community. The Department's core values are Prevention, Compliance, and Enforcement.</p>
<p>As a Licensing Program Analyst (LPA) you are an important member of Community Care Licensing (CCL) because from the office to the facility, YOU carry out the mission of CCL in the duties you perform. As an LPA you are expected to be courteous, prompt and professional at all times. Rudeness or intimidation is never justified by Licensing staff. Regardless of the demeanor of, or the level of cooperation from, the licensee or facility representative and LPA must be polite and professional.</p>
<p>Unprofessional conduct nullifies or diminishes the authority needed to administer the program and works against the Department's goals. The way an LPA conducts himself/herself is critical to the public image and success of the program. These expectations and guidelines are outlined in the Evaluator Manual, found under Appendices Section, Reference Material (3-4100).</p>
<p>Upon arrival to a facility:</p> <ul style="list-style-type: none">• Introduce yourself and remember to be friendly and respectful• Ask for the licensee, director or whomever is in charge• Inform the representative in charge of the purpose of your inspection
<p>During the tour of the facility/inspection:</p> <ul style="list-style-type: none">• Ask the representative to accompany you on the tour of the facility after ensuring this person is not being used to meet ratio for supervision• Provide a checklist of the documents that will be reviewed during the inspection for the representative to prepare/gather for you to maximize the productivity of your time spent at the facility• Always treat staff with respect
<p>At the end of the inspection:</p> <ul style="list-style-type: none">• Discuss the deficiencies, as appropriate• Collaborate with the licensee to develop a Plan of Correction (POC) for deficiencies• Provide follow up information and technical assistance such as:<ul style="list-style-type: none">◦ Where to locate Provider Information Notices (PINS)
<p>Navigation bar: Entrance Guidelines, Entrance Checklist, Physical Plant, Care and Supervision, Staff Records, Children Re</p>

A		B	
CCC Checklist to provide to licensee/facility designee during Annual Inspections			
Email address (optional)			
		Documents to be reviewed during inspection:	
		Comments	
<input type="checkbox"/>	Verification of Disaster and Fire Drills		
<input type="checkbox"/>	Sign in/out sheets		
Documents to be posted in a prominent, publicly accessible area at facility			
<input type="checkbox"/>	Facility License		
<input type="checkbox"/>	Menus		
<input type="checkbox"/>	Waivers (if applicable)		
<input type="checkbox"/>	Daily Activity Schedule		
<input type="checkbox"/>	PUB 393 Notification of Parents' Rights		
<input type="checkbox"/>	PUB 269 Child passenger restraint system poster		
<input type="checkbox"/>	LIC 610 Emergency Disaster Plan AND		
<input type="checkbox"/>	LIC 9148 Earthquake Preparedness Checklist (statute requirement)		
<input type="checkbox"/>	LIC 613A Personal Rights		
<input type="checkbox"/>	LIC 9224 Acknowledgment of Receipt of Licensing Reports (if applicable)		
Records and other items to make available during inspection			
Personnel records for director(s), teachers, teacher's aides, and other staff as needed		Children's records	
<ul style="list-style-type: none"> • Exceptions and Exemptions (if applicable) • Qualifications • Current Pediatric CPR and First Aid Certification • Proof of immunity of measles, pertussis and Influenza (or statement declining influenza) • TB Clearance or risk assessment 		<ul style="list-style-type: none"> • LIC 700 Identification and Emergency Information • LIC 701 Physician's Report • LIC 627 Consent for Emergency Medical Treatment • LIC 995 Notification of Parents' Rights • LIC 613A Personal Rights 	
Entrance Guidelines		Entrance Checklist	Physical Plant Care and Supervision Staff Records

Requirement		Physical Plant	In Compliance?			Deficiency Type					
Type	Section	Regulation/Statute Language	Yes	No	N/A	Type A	Type B	Tech V	Tech A		Notes
HSC	1596.954	Every licensed child day care center shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 19260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.									
CCR	101160(a)	(a) The license shall be posted in a prominent, publicly accessible location in the center.									
CCR	101174(a)	(a) Each licensee shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.									
CCR	101238(a)	(a) The child care center shall be clean, safe, sanitary and in good repair at all times to ensure the safety and well-being of children, employees and visitors.									
CCR	101238(a)(1)	(1) The licensee shall take measures to keep the center free of flies, other insects, and rodents.									
CCR	101238(e)	(e) All licensees shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water, through a pool cover or by surrounding the pool with a fence.									
CCR	101238(g)	(g) Disinfectants, cleaning solutions, poisons and other items that could pose a danger if readily available to children shall be stored where inaccessible to children.									
CCR	101238(g)(1)	(1) Storage areas for poisons shall be locked.									
CCR	101238.2(d)	(d) The surface of the outdoor activity space shall be maintained:									
CCR	101238.2(d)(1)	(1) In a safe condition for the activities planned.									
CCR	101238.2(d)(2)	(2) Free of hazards including, but not limited to, holes, broken glass and other debris, and dry grasses that pose a fire hazard.									


- There are cells to the right of each item listed on the tool. Click in the appropriate box (YES/NO/NA) to mark the result.
 - YES, indicates the facility is in compliance.
 - NA, indicates the regulation is Not Applicable during the inspection.
 - NO, indicates the facility is not in compliance.
 - If 'NO' is marked:

- You have the option to select whether the deficiency will be cited as a 'Type A', or 'Type B' deficiency.
 - While you may mark multiple sections as noncompliant, only cite the most applicable requirement.
 - If you indicate that a section is not in compliance but only wish to cite under a specific sub-section, there is no need to select 'Type A' or 'Type B' in that section. If a sub-section is selected, the entire regulatory language for the main section will appear on the deficiency page.
- If a deficiency does not warrant a citation, you can also select either 'TA', or 'TV.'
 - 'TA' indicates a Technical Assistance Note will be created.
 - 'TA' can be selected if either 'YES' or 'NO' is selected on the Inspection Tool.
 - 'TV' indicates a Technical Violation Note will be created for the non-compliant area.
 - 'NO' must be marked on the Inspection Tool in order to select a 'TV.'

Requirement		Personal Rights	In Compliance?			Deficiency Type				Notes
Type	Section	Regulation/Statute Language	Yes	No	N/A	Type A	Type B	Tech V	Tech A	
CCR	101223(a)	(a) The licensee shall ensure that each child is accorded the following personal rights:	YES							
CCR	101223(a)(1)	(1) To be accorded dignity in his/her personal relationships with staff and other persons.		NO		A				
CCR	101223(a)(2)	(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.		NO			B			
CCR	101223(a)(3)	(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature including but not limited to: interference with functions of daily living including eating, sleeping or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.		NO				TV		
CCR	101223(a)(4)	(4) To be informed, and to have his/her authorized representative informed, by the licensee of the law regarding complaints including, but not limited to, information on confidentiality and the address and telephone number of the Department's complaint unit.		NO					TA	
CCR	101423.1(a)	(a) In addition to Section 101223.2, the following shall apply:			N/A					
CCR	101423.1(b)	(b) Confinement to cribs, high chairs, playpens or other similar furniture or equipment shall not be permitted as a form of discipline or punishment.			N/A					

- When a deficiency is noted, you may fill out the 'Notes' field of the form.
 - The 'Notes' cells are where you will input your observations regarding the noncompliant item. These notes will populate the LIC 809 narrative and the Deficient Practice Statement area of the LIC809D or the Comment section of the LIC9102.

- | | | | | | | | | |
|----|-----|-------------|---|----|--|---|--|--|
| 7 | CCR | 87303(a) | The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors. | | | | | |
| 8 | CCR | 87303(a)(1) | (1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition. | | | | | |
| 9 | CCR | 87303(b) | (b) A comfortable temperature for residents shall be maintained at all areas. | NO | | 8 | | Based on observation and interview, the Licensee failed to maintain a comfortable temperature (90 degrees) for |
| 10 | CCR | 87303(b)(1) | (1) The facility shall heat rooms that residents occupy to a minimum of 68 degrees F, (20 degree C). | | | | | |

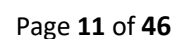
Requirement			Physical Plant	In Compliance?			Deficiency Type			
Type	Section	Regulation/Statute Language		Yes	No	N/A	Type A	Type B	Tech V	Tech A
HSC	1597.543	Every family day care home for children shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 Division 12. The department shall account for the presence of these detectors during inspections.								
CCR	102417(b)	(b) The home shall be kept clean and orderly, with heating and ventilation for safety and comfort.								
CCR	102417(c)	(c) The home shall maintain telephone service.								



- Page 10 of 46

- **Note:** LPA can click the link of each domain the in the summary tab and will bring to domain directly

A reminder message will appear when exiting the Inspection Tool if the Summary tab was not opened/reviewed prior to exiting.



SELECTING DEFICIENCIES/ADVISORY NOTES FROM THE TOOL

If a Type A deficiency or 2 Type B deficiencies are selected in any of the domain areas listed on the Inspection Tool, a new 'Domain Focused Tool' within that specific domain will automatically open in the Excel sheet.

The Domain Focused Tool items will appear as yellow-colored rows on the sheet as depicted in the screen shot below. These rows contain additional areas of focus to be checked as a result of the Type A, or Type B citations noted during the inspection.

Type A citation selected in screen shot below.

Requirement		Physical Plant	In Compliance?			Deficiency Type				Notes
Type	Section	Regulation/Statute Language	Yes	No	N/A	Type A	Type B	Tech V	Tech A	
HSC	1596.954	Every licensed child day care center shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.		NO		A				Carbon Monoxide detectors is defected
CCR	101160(a)	(a) The license shall be posted in a prominent, publicly accessible location in the center.		NO						

Domain Focused Tool opens as additional yellow-colored cells that were previously hidden within the Inspection Tool sheet.

Requirement		Physical Plant	In Compliance?			Deficiency Type				Notes
Type	Section	Regulation/Statute Language	Yes	No	N/A	Type A	Type B	Tech V	Tech A	
HSC	1596.954	Every licensed child day care center shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.		NO		A				Carbon Monoxide detectors is defected
CCR	101160(a)	(a) The license shall be posted in a prominent, publicly accessible location in the center.		NO						
CCR	101224(a)	(a) All child care centers shall have working telephone service on the premises.								
CCR	101174(a)	(a) Each licensee shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.								
CCR	101174(b)	(b) The plan shall be subject to review by the Department and shall include:								
CCR	101174(b)(1)	(1) Designation of administrative authority and staff assignments.								
CCR	101174(b)(2)	(2) Contingency plans for action during fires, floods and earthquakes including, but not limited to, the following:								
CCR	101174(b)(2)(A)	(A) Fire safety plan.								
CCR	101174(b)(2)(B)	(B) Means of exiting.								
CCR	101174(b)(2)(C)	(C) Transportation arrangements.								
CCR	101174(b)(2)(D)	(D) Relocation sites that are equipped to provide safe temporary accommodations for children.								
CCR	101174(b)(2)(E)	(E) Supervision of children during evacuation or relocation, and contact after								

Note: Domain Focused tool items will populate throughout the worksheet. Please scroll back to the top of the sheet to ensure you review all items.

- You can move from one domain to another within the Inspection Tool by selecting the appropriate tab for the other domain.
 - If the domain you were working on was not entirely completed, you will receive a message that the domain is not complete.



Physical Plant

Standard Sections for Inspection: 77
Standard Sections Inspected: 2

Domain Focused Sections for Inspection: 48
Domain Focused Sections Inspected: 0

Missed Sections

101224(a) 101174(a) 101174(b) 101174(b)(1) 101174(b)(2)
101174(b)(2)(A) 101174(b)(2)(B) 101174(b)(2)(C) 101174(b)(2)(D)
101174(b)(2)(E) 101174(b)(2)(F) 101174(b)(3) 101174(c) 101174(d)
101174(d)(1) 101174(d)(2) 101231(a) 101238(a) 101238(a)(1)
101238(a)(2) 101238(b)(1) 101238(c) 101238(e) 101238(e)(1)
101238(g) 101238(g)(1) 101238(g)(2) 101238.2(b)(1) 101238.2(c)
101238.2(d) 101238.2(d)(1) 101238.2(d)(2) 101238.2(e)
101238.2(e)(1) 101238.2(f) 101238.2(g) 101238.3(a) 101238.3(b)
101238.5(a)(1) 101239(a)(1) 101239(a)(1)(A) 101239(d)
101239(e)(1) 101239(e)(4) 101239(f) 101239(f)(1) 101239(m)(1)
101239(n) 101239(o) 101239(o)(1) 101239(q) 101239.2(a)
101239.2(a)(1) 101239.2(a)(2) 101438.1(c)(4) 101438.1(c)(4)(A)
101438.1(c)(4)(B) 101438.1(c)(5) 101438.1(g) 101438.2(b)
101438.2(c) 101438.2(d) 101438.3(b) 101438.3(c)(1) 101438.3(e)
1014

OK

SAVING & CLOSING THE INSPECTION TOOL(S)

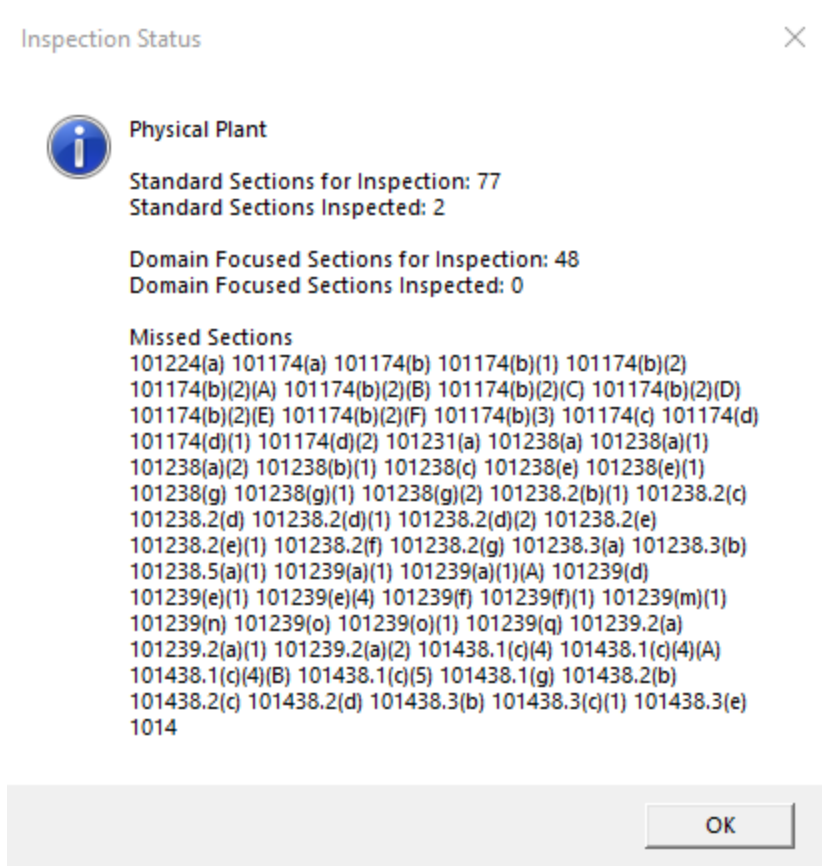
When all fields have been completed on the Inspection Tool/Domain Focused Tool, select the 'Save' icon on the Excel window to save the Tool.

The screenshot shows an Excel spreadsheet with the following content:

	A	B
1	Entrance Guidelines	
2		
3	The core mission of the Child Care Licensing Program is to ensure the health and safety of children in care. The Child Care Licensing Program strives to provide preventive, protective, and quality services to children in care by ensuring that licensed facilities meet established health and safety standards through monitoring facilities, providing technical assistance, and establishing partnerships with providers, parents, and the child care community. The Department's core values are Prevention, Compliance, and Enforcement .	
4		
5	As a Licensing Program Analyst (LPA) you are an important member of Community Care Licensing (CCL) because from the office to the facility, YOU carry out the mission of CCL in the duties you perform. As an LPA you are expected to be courteous, prompt and professional at all times . Rudeness or intimidation is never justified by Licensing staff. Regardless of the demeanor of, or the level of cooperation from, the licensee or facility representative and LPA must be polite and professional.	
6		
7	Unprofessional conduct nullifies or diminishes the authority needed to administer the program and works against the Department's goals. The way an LPA conducts himself/herself is critical to the public image and success of the program. These expectations and guidelines are outlined in the Evaluator Manual, found under Appendices Section, Reference Material (3-4100).	
8		
9	Upon arrival to a facility:	
10	• Introduce yourself and remember to be friendly and respectful	
11	• Ask for the licensee, director or whomever is in charge	
12	• Inform the representative in charge of the purpose of your inspection	
13	During the tour of the facility/inspection:	
14	• Ask the representative to accompany you on the tour of the facility after ensuring this person is not being used to meet ratio for supervision	
15	• Provide a checklist of the documents that will be reviewed during the inspection for the representative to prepare/gather for you to maximize the productivity of your time spent at the facility	
16	• Always treat staff with respect	
17	At the end of the inspection:	
18	• Discuss the deficiencies, as appropriate	
19	• Collaborate with the licensee to develop a Plan of Correction (POC) for deficiencies	
20	• Provide follow up information and technical assistance such as:	
21	o Where to locate Provider Information Notices (PINS)	
22	o Where to locate Training (e.g. Mandated Reporter, Preventative Health Courses) and educational resources	
23	o How to sign up to receive Quarterly Updates via email (i.e. send an email to childcareadvocatesprogram@dss.ca.gov to request to be added to the distribution list)	
24	o Provide contact information for the local Resource and Referral Agency	

At the bottom of the spreadsheet, there is a tab bar with the following tabs: **Entrance Guidelines**, Entrance Checklist, Physical Plant, Care and Supervision, Staff Records, and Children Records. The 'Entrance Guidelines' tab is currently selected.

Note: If you save the Inspection Tool without completing each domain, a message will appear informing you of the incomplete areas on the Inspection Tool.



Once the Inspection Tool (and Domain Focused Tool(s) – if applicable) has been completed and saved, you can close the Inspection Tool by clicking on the 'X' at the top-right of the Excel Window.

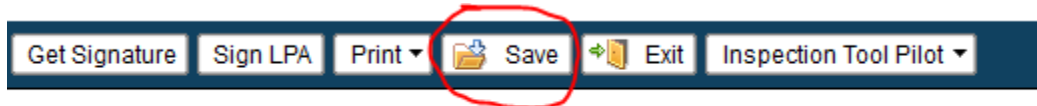
Requirement		Care and Supervision	In Compliance?		Deficiency Type				Notes
Type	Section	Regulation/Statute Language	Yes	No	N/A	Type A	Type B	Tech V	Tech A
CCR	101229(a)(1)	(1) No children shall be left without the supervision of a teacher at any time, except as specified in Sections 101234(a)(1) and 101235(a)(1). Supervision shall include visual observation.	YES						
CCR	101429(a)	(a) In addition to Section 101228, the following shall apply:	YES						

- Closing the Inspection Tool(s) will allow you to complete the LIC809.
 - **Note:** You may switch between the Inspection Tool and the LIC809 as needed throughout the inspection process.

COMPLETING THE LIC809

Once you have exited the Inspection Tool, remember to complete the Narrative portion of the LIC809.

Note: Once an Inspection Tool has been saved, you should select the 'Save' button on the LIC809 to ensure the Inspection Tool is properly linked to the report.




COMPLETE THE INSPECTION

If deficiencies were noted on the Inspection Tool or Domain Focused Tool(s), you will need to create deficiency page(s). Make sure that the Inspection Tool is complete before proceeding.

A new 'Complete Inspection' button appears on the LIC809. Selecting the 'Complete Inspection' button will create deficiency pages. You must select the "Complete Inspection" button to complete the report even if no citations/advisory notes were selected on the Inspection Tool.

Link to Parent Document Below:

 STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME:	SOUTHLAND HOME	FACILITY NUMBER:	405802555
ADMINISTRATOR:	VALDEZ, KATHYRINE	FACILITY TYPE:	740
ESS:	804 SOUTHLAND ST	TELEPHONE:	(805) 748-8713
CITY:	NIPOMO	ZIP CODE:	93444
STATE:	CA	DATE:	06/08/2018
CENSUS:	1	TYPE OF VISIT:	Annual/Random
ANNOUNCED:	<input type="radio"/>	UNANNOUNCED:	<input checked="" type="radio"/>
TIME BEGAN:	01:06 PM	TIME COMPLETED:	01:07 PM
MET WITH:	Person Name		

☐ Inter-Rater Reliability

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1	Narrative text....
2	
3	

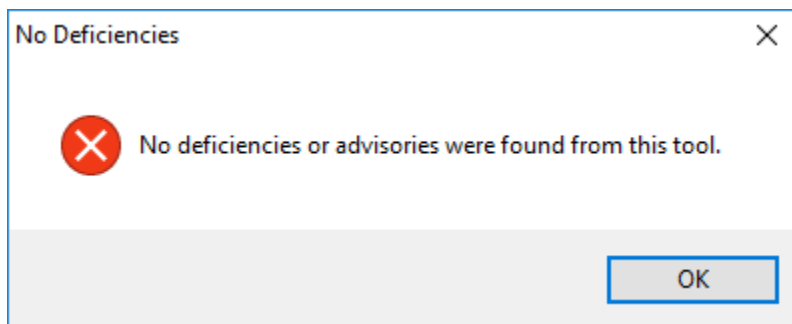
You will see the following screen pop up as FAS creates and populates the deficiency page(s).

Please wait while we convert the inspection tool to 809D and or 9102...



5/22/2018 3:56:57 PM - Reading the inspection tool
 5/22/2018 3:56:57 PM - Reading Physical Plant/Environmental Safety
 5/22/2018 3:56:58 PM - Reading Operational Requirements
 5/22/2018 3:56:59 PM - Reading Staffing
 5/22/2018 3:56:59 PM - Reading Personnel Records/Staff Training
 5/22/2018 3:57:00 PM - Reading Resident Records/Incident Reports

If any deficiencies or advisories were noted, FAS will automatically create the deficiency and advisory page(s) (LIC809Ds/9102s) and from the fields completed on the Inspection/Domain Focused Tools. If there were no deficiencies or advisories, you will see this pop up window.



Once the process is complete, you will be taken back to the facility view. You will now see any newly created LIC809Ds/LIC 9102s below the LIC809.

▼ Mikey's Only Area									
🏠	▼ 198017252	Facility	810	3	2404	No	No	8	
▼ LIC809 - FER - Visit date 02/08/2019 Visit Type ANNUAL/RANDOM									
LIC9102 - AN- - Technical Violation Created on 02/08/2019									
LIC9102 - AN- - Technical Assistance Created on 02/08/2019									
LIC809-D - FER - Visit date 02/08/2019									

Double-clicking on the LIC809D will open the new deficiency page.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY				CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #105 SAN DIEGO, CA 92108	
FACILITY EVALUATION REPORT (Cont)					
FACILITY NAME: 4C'S BENNETT VALLEY CHILD DEVELOPMENT CENTER				FACILITY NUMBER: 493008615	
DEFICIENCY INFORMATION FOR THIS PAGE:				VISIT DATE: 03/22/2019 16	
DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	101217(a)(11)	Assess
Staff Records - Personnel Records					
<p>(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 101216(g).</p> <p>This requirement is not met as evidenced by:</p>					
Deficient Practice Statement					
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count]				
2	out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to				
3	persons in care.				
4	Notes:				
POC Due Date: 03/25/2019					
Plan of Correction					
1	fkldjfkj				
2					
3					
4					
	Type B	Section Cited	HSC	1596.7995(a)(1)	Assess
Staff Records - Employees or volunteers at day care center; immunization requirements; records; exemptions					
<p>(a) (1) Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.</p>					

- Note that the layout of LIC809D has changed. For any items on the tool marked as Type A or Type B, the Deficient Practice Statement template language will be inserted into the Deficient Practice Statement box on the LIC809D, and the notes from the tool will also be appended below this template language.
 - The new LIC809D form has a maximum of 2 citations per page. The system will generate the number of LIC809Ds needed to accommodate all citations noted in the Inspection Tool.

Double-clicking on the LIC9102 TV will open the new advisory note page.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR SACRAMENTO, CA 95814	
Advisory Notes - Technical Violation			
THIS IS NOT A NOTICE OF DEFICIENCY			
Advisory Notes are kept in the public portion of the facility file. Do not enter confidential information.			
TECHNICAL VIOLATION: Violations of the Health and Safety Code (HSC), regulations (CCR), or interim licensing standards (ILS) that do not pose a health, safety or personal rights risk. Only one technical violation may be recorded per form. To record technical assistance not related to a technical violation, use form LIC 9102TA.			
FACILITY NAME: 4TH R-ALICE BIRNEY		FACILITY # 343616503	DATE: 03/13/2019
Select One: <input type="radio"/> HSC <input checked="" type="radio"/> CCR <input type="radio"/> ILS		HSC / CCR / ILS #: 101229(a)	
(a) The licensee shall provide care and supervision as necessary to meet the children's needs.			
Notes: Informed the licensee about maintaining proper staffing ratios even when assisting in an inspection.			

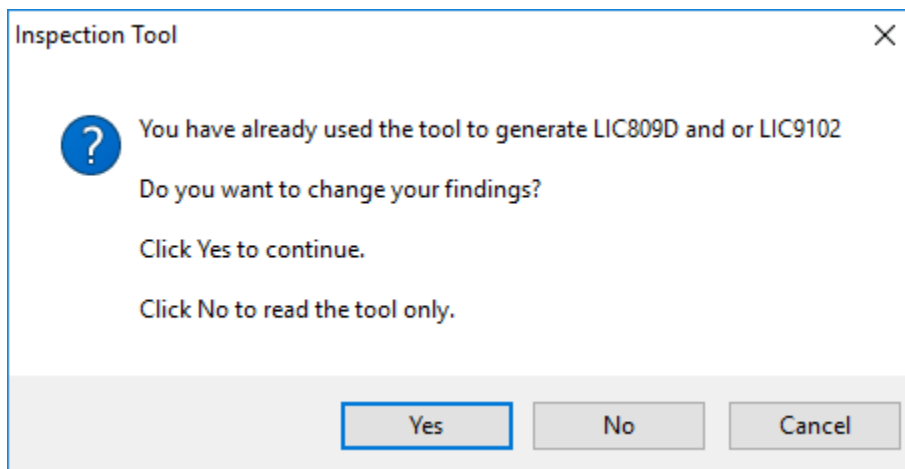
- Only one technical violation may be recorded on each LIC 9102TV. When writing more than one technical violation, each must be individually documented on a separate LIC 9102TV. Each completed LIC 9102TV is attached to the inspection report.

Double-clicking on the LIC9102 TA will open the new advisory note page.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR SACRAMENTO, CA 95814	
Advisory Notes - Technical Assistance			
THIS IS NOT A NOTICE OF DEFICIENCY			
Advisory Notes are kept in the public portion of the facility file. Do not enter confidential information.			
TECHNICAL ASSISTANCE: Not tied to a technical violation. Provides assistance and/or best practices to maintain compliance. May be given in connection with a Health and Safety Code (HSC), a regulation (CCR), an interim licensing standard (ILS), or none of these (N/A). Only one item of technical assistance may be recorded on each form. This form is not used to provide information related to a technical violation. To record a technical violation, use form LIC 9102TV.			
Please limit your narrative to the size of the box. Use the LIC9102C for additional pages.			
FACILITY NAME: LE PETIT ELEPHANT NURSERY		FACILITY # 283009162	DATE: 03/06/2019
Select One: <input type="radio"/> HSC <input type="radio"/> CCR <input type="radio"/> ILS <input type="radio"/> NA		HSC / CCR / ILS # (if applicable) or N/A: N/A	

- When providing technical assistance, the LIC 9102TA requires the LPA to select the guiding statute or regulation, or “N/A” for “not applicable.” When the information provided is related to a statute, the “HSC” box is checked; when related to a regulation, the “CCR” box is checked; and when related to an interim licensing standard, the “ILS” box is checked. When the provided assistance is not related to a specific statute or regulation – such as when documenting best practices (e.g. on best practices of national standards that are not in California statutes or regulations) – the “N/A” box is checked and the HSC/ CCR / ILS field (#) is left empty.
- When adding new advisory notes, you have the option to select the domain from a drop down menu. If you find that the topic does not fit under any domain listed, you must choose the ‘N/A’ option from the drop down.

At this stage, selecting the ‘Inspection Tool’ button again without editing the Inspection Tool will trigger the following message.



PLAN OF CORRECTIONS

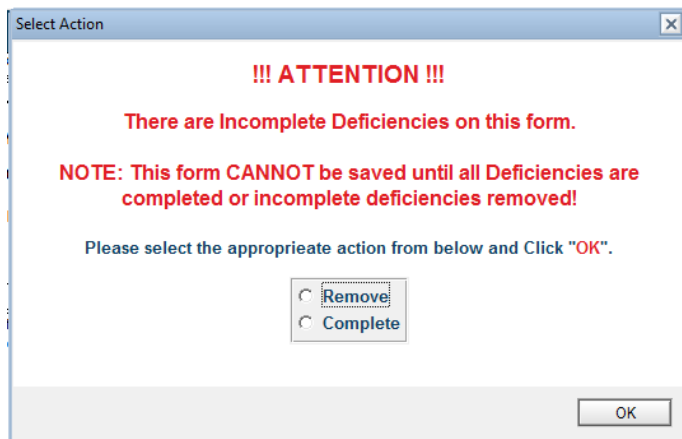
You will need to input the Plan of Correction information for each citation in the 'POC' section on the deficiency page(s). Select the 'Edit' button on the LIC809D to edit the form.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY				CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY EVALUATION REPORT (Cont)					
FACILITY NAME: 4C'S BENNETT VALLEY CHILD DEVELOPMENT CENTER				FACILITY NUMBER: 493008615	
DEFICIENCY INFORMATION FOR THIS PAGE:				VISIT DATE: 03/22/2019 16	
DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	101217(a)(11)	Assess
Staff Records - Personnel Records					
(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 101216(g).					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count]				
2	out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to				
3	persons in care.				
4	Notes:				
POC Due Date: 03/25/2019					
Plan of Correction					
1	fkldjfkjsj				
2					
3					
4					
	Type B	Section Cited	HSC	1596.7995(a)(1)	Assess
Staff Records - Employees or volunteers at day care center; immunization requirements; records; exemptions					
(a) (1) Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.					

Input the POC due date for each citation on the deficiency page(s), and complete the Plan of Correction field to document the plan.

Once all the information is input on the deficiency page(s), you can save and exit the form as needed.

Note: If you do not complete all the POC information and due dates when saving and exiting the form, the following message will appear.



Select the "Complete" bullet, and click 'OK' to continue completing the form as needed. When finished entering the additional information, save, and exit the form.

ADDITIONAL DEFICIENCY PAGE(S) OR ADVISORY NOTES

When to add an additional citation that wasn't present in the tool, the LPA can manually add a citation within the LIC809D page by clicking “**add citation**”

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT (Cont)			
FACILITY NAME: 4TH R-ALICE BIRNEY		FACILITY NUMBER: 343616503	
DEFICIENCY INFORMATION FOR THIS PAGE:		VISIT DATE: 03/13/2019 16	
THIS FORM IS FOR DEFICIENCIES ONLY! Do not enter more than 4 lines in each input box for this section, on this page.			
DEFICIENCIES & PLANS OF CORRECTION (POCs)			
		Section Cited	<input type="button" value="Add Citation"/>
Deficient Practice Statement			
1			
2			
3			
4			
POC Due Date:		16	
Plan of Correction			
1	Plan of Correction		

New Citation

You must complete the Deficiency Type, Section Cited and Regulation Language.
After you click OK, you cannot go back to edit them.

You can still edit the Deficient Practice Statement, POC Date
and the Plan of Correction directly on the 809D.

	<input type="radio"/> Type A <input type="radio"/> Type B	Regulation	<input type="radio"/> CCR <input type="radio"/> HSC <input type="radio"/> ILS	Section Cited	
--	--	------------	---	---------------	--

Domain ▼

Regulation Language	

Deficient Practice Statement	
1	
2	
3	
4	

POC Due Date:	16
---------------	--

Plan of Correction	
1	
2	
3	
4	

A new LIC809-D or LIC9102 will open. The fields will **not** be pre-populated on these forms, so you will need to manually input the citation information, observations, the Plan of Correction (POC) information, and POC due date(s), or advisory note information.

Once all of the information is input on the deficiency page(s), you can save and exit the forms as needed.

REVISING AND REPLACING THE DEFICIENCY/ADVISORY NOTE PAGES BEFORE FINAL PRINT

It is possible that after reviewing the report, you notice that an error was made on the Inspection Tool and need to change a citation or advisory note.

- An example could be that a Type A was selected for a deficiency, when a Type B should have been selected.

Regulation		Physical Plant/Environmental Safety	In Compliance?		Deficiency Type				Notes
Type	Statute	Regulation Statute Language	Yes	No	N/A	Type A	Type B	TV	TA
CCR	87307(a)(3)(C)	(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.							
CCR	87307(a)(3)(D)	(D) Hygiene items of general use such as soap and toilet paper.		NO		A			
		(E) Portable or permanent closets and drawer space in the bedrooms for clothing and							

First delete the narrative notes from the LIC 809.

- Select 809 under the facility to open narrative notes from LIC 809 and Click “Edit” button.

Delete
Updates
Continuation Forms
Additional Forms
Visits
Sign LPA
Print
Edit
Exit
Inspection Tool Pilot

Created By: Wing Wong On 06/15/2018 at 10:22 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT

FACILITY NAME:	1ST PACIFIC COAST HOMES II	FACILITY NUMBER:	415600833
ADMINISTRATOR:	DEBORAH M. DAHLEN	FACILITY TYPE:	740
ADDRESS:	2585 ARDEE LANE	TELEPHONE:	(650) 873-8635
CITY:	SOUTH SAN FRANCISCO	STATE: CA	
CAPACITY:	6	CENSUS: 6	
		DATE:	06/15/2018 16
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	
		TIME BEGAN:	10:22 AM
MET WITH:		TIME COMPLETED:	10:23 AM

NARRATIVE

1	I went to First Pacific Coast Home II on June 15, 2018 and observed.
2	
3	
4	

Select the populated text that was inserted into the narrative portion of the LIC809 when the LIC809D/LIC9102 forms were created (if applicable.)

FACILITY EVALUATION REPORT

CCLD Regional Office,
CA

FACILITY NAME: MINNIE MOUSE RCFE
ADMINISTRATOR: MINNIE MOUSE
ADDRESS: 789 SECOND STREET
CITY: TOONTOWN
CAPACITY: 6

STATE: CA
CENSUS: 1

FACILITY NUMBER: 193600003
FACILITY TYPE: 740
TELEPHONE: (916) 999-9997
ZIP CODE: 95800

DATE: 06/18/2018 16

TYPE OF VISIT: Annual/Random

ANNOUNCED

UNANNOUNCED

TIME BEGAN: 09:32 AM

MET WITH: John Doe

TIME COMPLETED: 09:33 AM

☐ Inter-Rater Reliability

Inspection Tool

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1 LPA XXXXX arrived at the facility for purpose of conducting an annual/random inspection....

2

3

4

5

6

7

8

9

10

11

12

13

14

15

Based on observation and interview, the Licensee failed to maintain a comfortable temperature (90 degrees) for 4 of 4 residents (R1, R2, R3, R4) in the living room which poses an immediate health and safety risk to residents in care.

Then delete the text as needed.

To delete the incorrect 809Ds/9102s, open each LIC809D/LIC9102.

User Test FAS Senior Care - IBM Notes

Department of SOCIAL SERVICES
CDSS
Community Care Licensing
Residential Care

Search in View 'Facilities by Number'

Facility Name	Form	Type	Stat	LPA Code	Arccv	2-Yr Visit	Req Visit	Count
RESIDENCE IV, THE	Facility	740	2	5220				0
405802299								
VISTA ROSITA ELDER CARE	Facility	740	3	N405				7
LIC809 - FER - Visit date 05/30/2018 Visit Type ANNUALRANDOM								
LIC812 - OSI - Test Contact date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
405802300								
HOPE ASSISTED LIVING	Facility	740	2	5109				0
405802301								
A HEAVENLY HOME COMMUNITIES S C	Facility	740	2	5210				1
LIC809 - FER - Visit date 06/11/2018 Visit Type PRELICENSING								
405802302								
A HEAVENLY HOME COMMUNITIES S D	Facility	740	2	5210				0
405802303								
A HEAVENLY HOME COMMUNITIES B	Facility	740	2	5210				0
405802304								
A HEAVENLY HOME COMMUNITIES A	Facility	740	2	5210				0
405802306								
VISTA ROSITA ELDER CARE	Facility	740	2	5201				0
405802555								
SOUTHLAND HOME	Facility	740	3	N404				1
LIC809 - FER - Visit date 06/11/2018 Visit Type ANNUALRANDOM								
410500567								
SEQUOIAS-PORTOLA VALLEY, THE	Facility	741	3	K705				0

Select the 'Delete' button at the top of the form(s.)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office 7575 METROPOLITAN DR. #100
SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VISTA ROSITA ELDER CARE
FACILITY NUMBER: 405802299
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 05/30/2018 16

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87307(a)(3)(D)
(a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply: (3) Equipment and supplies necessary for personal care and maintenance of adequate hygiene practice shall be readily available to each resident. The resident may provide the following items; however, if the resident is unable or chooses not to provide them, the licensee shall assure provision of: (D) Hygiene items of general use such as soap and toilet paper.			
1	Deficiency Practice Statement		
2	There was no toilet paper available for R1 at initial inspection of the room. The toilet paper was replaced during interview of R1. This poses an immediate risk to the health and safety...		
3			
4			
	POC Due Date:		
	Plan of Correction		
1			
2			
3			
4			

A message box appears asking you to confirm deletion of the page. Type 'yes' (without quotes) on the blank field, and select the OK button. Repeat for each LIC809/LIC9102 previously created by system



Follow the following steps to edit the inspection tool after having generated 809Ds/9102s.

Open the LIC809 and select the 'Inspection Tool' button.

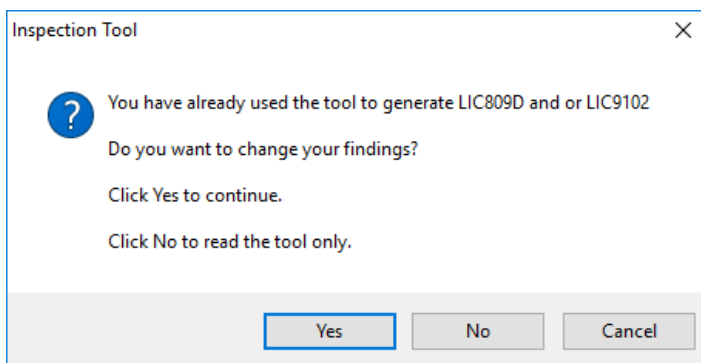
FACILITY EVALUATION REPORT

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: VISTA ROSITA ELDER CARE		FACILITY NUMBER: 405802299	
ADMINISTRATOR: BAILEY, JESSICA		FACILITY TYPE: 740	
ADDRESS: 461 HILL STREET		TELEPHONE: (805) 235-0286	
CITY: SAN LUIS OBISPO	STATE: CA	ZIP CODE: 93401	
CAPACITY: 6	CENSUS: <input type="text"/>	DATE: 05/30/2018	<input type="text"/>
TYPE OF VISIT: <input type="text"/> Annual/Random <input type="text"/>		<input type="radio"/> ANNOUNCED	TIME BEGAN: 01:01 PM <input type="text"/>
		<input checked="" type="radio"/> UNANNOUNCED	
MET WITH: <input type="text"/> SS <input type="text"/>		TIME COMPLETED: 01:02 PM <input type="text"/>	

☐ Inter-Rater Reliability ☒ **Inspection Tool**

A message will appear letting you know that you have already used the Inspection Tool to create LIC809D/LIC9102 forms.



Select the 'Yes' button to proceed and open the Inspection Tool.

Citation(s) can also be removed directly from the LIC809D page if needed.

FACILITY NAME: GOLDEN POND RCFE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 193600193
VISIT DATE: 07/24/2018 16

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	87208(a)(6)	Assess
<p>(a) Each facility shall have and maintain a current, written definitive plan of operation. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following: (6) Plan for training staff, as required by Section 87411(c).</p>				
<p>Deficient Practice Statement</p> <p>1 Based on Record review, the licensee failed to (insert language from the regulation/statute that pinpoints what the licensee failed to do) _____ in ____ (#) of ____ (total #s) residents (Resident identifiers) which 2 poses a potential Health, Safety or Personal Rights risk to residents in care. - type B test 1 3 4</p> <p>POC Due Date: 07/31/2018</p> <p>Plan of Correction</p> <p>1 Insert POC language here.... 2 3 4</p>				
Type B	Section Cited	CCR	87203	Assess
<p>All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.</p>				
<p>Deficient Practice Statement</p> <p>1 Based on observations, the licensee failed to (insert language from the regulation/statute that pinpoints what the licensee failed to do) _____ in ____ (#) of ____ (total #s) residents (Resident identifiers) which (choose 2 the level of risk) poses a potential Health, Safety or Personal Rights risk to residents in care." 3 Test of type B citation which will later be removed... 4</p> <p>POC Due Date: 07/31/2018</p> <p>Plan of Correction</p> <p>1 This citation will be removed by removing all the text from the POC field (this field), then selecting the POC due date field, and deleting the due date. 2 3 4</p>				

In this example, the LPA decides that the second citation should be deleted, after the LIC809D has been created.

You can remove the desired citation by completing the following steps;

- Place the LIC809D in Edit mode by selecting the 'Edit' button.

Delete
Amend
Edit
Exit

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office,
CA

FACILITY NAME: GOLDEN POND RCFE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 193600193
VISIT DATE: 07/24/2018 16

- Delete all the text from the Plan of Correction field for the citation you need to remove.

Type B	Section Cited	CCR	87203	Assess
All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.				
Deficient Practice Statement				
1 Based on observations, the licensee failed to (insert language from the regulation/statute that pinpoints what the licensee 2 failed to do) _____ in ____ (#) of ____ (total #s) residents (Resident identifiers) which (choose 3 the level of risk) poses a potential Health, Safety or Personal Rights risk to residents in care." 4 Test of type B citation which will later be removed...				
POC Due Date: 07/31/2018 16				
Plan of Correction				
1 2 3 4				

- Delete all the text from the Deficient Practice Statement field as well.

Deficient Practice Statement
1 2 3 4

- Double click within the POC Due Date field for the citation you need to remove.
 - The date should become highlighted in blue.
 - Press the 'delete' or back space button on your keyboard.
 - Press the 'tab' button on your keyboard or use your mouse to click into another field on the form.

Deficient Practice Statement
1 2 3 4
POC Due Date: 07/31/2018 16
Plan of Correction
1 2 3 4

- The following message will appear.
 - Select 'OK' to proceed.

Enter Required First

Practice Statement and POC Date are Required before Entering Plan of Correction

OK

- Click on the 'Save' button at the top of the LIC809D

Delete
Updates
Get Signature
Save
Exit

- The following message will appear;
 - Select the 'Remove' bullet to remove the citation.

!!! ATTENTION !!!

There are Incomplete Deficiencies on this form.

NOTE: This form CANNOT be saved until all Deficiencies are completed or incomplete deficiencies removed!

Please select the appropriate action from below and Click "OK".

☒ Remove
☐ Complete

- The desired citation will be removed from the LIC809D.

FACILITY NAME: GOLDEN POND RCFC FACILITY NUMBER: 193600193
 DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 07/24/2018 16

THIS FORM IS FOR DEFICIENCIES ONLY!
 Do not enter more than 4 lines in each input box for this section, on this page.

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87208(a)(6)	Assess										
(a) Each facility shall have and maintain a current, written definitive plan of operation. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following: (6) Plan for training staff, as required by Section 87411(c).															
Deficient Practice Statement															
1	Based on Record review, the licensee failed to (insert language from the regulation/statute that pinpoints what the licensee failed to do) _____ in __ (#) of __ (total #s) residents (Resident identifiers) which														
2	poses a potential Health, Safety or Personal Rights risk to residents in care. - type B test 1														
3															
4															
POC Due Date: 07/31/2018 16															
Plan of Correction															
1	Insert POC language here....														
2															
3															
4															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Section Cited</th> <th style="width: 10%;">CCR</th> <th style="width: 15%;">87208(a)(6)</th> <th style="width: 25%; text-align: center;">Add Citation</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="height: 100px;"></td> </tr> </tbody> </table>							Section Cited	CCR	87208(a)(6)	Add Citation					
	Section Cited	CCR	87208(a)(6)	Add Citation											
Deficient Practice Statement															
1															
2															
3															
4															
POC Due Date: 16															
Plan of Correction															
1															

NOTE: Please remember to go back into your Inspection Tool, and update it to reflect the deficiency originally cited is no longer selected as a Type A or Type B deficiency. Save the Inspection Tool and exit the tool when finished.

- There is no need to select the 'Complete Inspection' button on the LIC809.

- Enter the name of staff interviewed (a mandatory field.) If the field is left blank, a message will appear as seen below.

Save		Exit	
<u>THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION</u>			
FACILITY NAME:		LE PETIT ELEPHANT NURSERY	FACILITY NUMBER:
LPA:		Lee Martinez	283009162
			DATE:
			03/11/2019
STAFF INTERVIEWED:		『MOE BUDDER』	
Inspection Tool Staff Interview			
1 Does your facility provide Incidental Medical Services (IMS)?		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="text"/>	
2 How is water made available for the children?		<input type="radio"/> Staff member was able to describe an adequate method <input type="radio"/> Staff member was unable to describe an adequate method	
		<input type="text"/>	
3 Are there any new adults working in the facility?		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="text"/>	

Inspection Tool Staff Interview

1 Does your facility provide Incidental Medical Services (IMS)?	<input type="radio"/> Yes <input type="radio"/> No
2 How is water made available for the children?	<input type="radio"/> Staff member was able to describe an adequate method <input type="radio"/> Staff member was unable to describe an adequate method
3 Are there any new adults working in the facility?	<input type="radio"/> Yes <input type="radio"/> No
4 Are you and/or your staff familiar with the mandated reporting training requirement?	<input type="radio"/> Yes <input type="radio"/> No

Field Contains Incorrect Value

✖ Staff name is a required field

OK

- Select the appropriate form as need from the dropdown box.

Once the form(s) have been completed, select the save button at the top of the form, and exit the form.

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

FACILITY NAME:	17201 LAHEY STREET	FACILITY NUMBER:	197608880
LPA:		DATE:	06/15/2018
STAFF INTERVIEWED:	Jane Doe		

The Staff interview forms will appear as records attached to the LIC809.

▼ 17201 LAHEY STREET						
▼ 197608880	Facility	740	5	8406		3
▼ LIC809 - FER - Visit date 06/15/2018	Visit Type POST LICENSING					
Staff Interview - SI - Visit date 06/15/2018	Visit Type POST LICENSING					
Client Interview - CI - Visit date 06/15/2018	Visit Type POST LICENSING					
▼ 481 PACIFIC COAST HOMES						

INTER-RATER RELIABILITY

If an LPM is participating during the visit for purposes of creating an Inter-Rater Reliability Report, they must click “**Inter-Rater Reliability**” button, create a new LIC809 and select the same type of visit (i.e. – annual/random.)

FACILITY NAME:	HOME SWEET HOME	FACILITY NUMBER:	405802261
ADMINISTRATOR:	MONTANO, VALERIE	FACILITY TYPE:	740
ADDRESS:	2307 ARCIERO COURT	TELEPHONE:	(805) 975-3712
CITY:	PASO ROBLES	ZIP CODE:	93446
CAPACITY:	6	STATE: CA	
		CENSUS:	<input type="text"/>
TYPE OF VISIT:	<input type="text" value="Annual/Random"/>	DATE:	<input type="text" value="06/14/2018"/> <input type="text" value="16"/>
		<input type="radio"/> ANNOUNCED	
		<input checked="" type="radio"/> UNANNOUNCED	
MET WITH:	<input type="text"/>	TIME BEGAN:	<input type="text" value="03:55 PM"/>
		TIME COMPLETED:	<input type="text" value="03:56 PM"/>

☒ **Inter-Rater Reliability**

Inspection Tool

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1

2

- The Inter-Rater analyst must first check the box labeled ‘Inter-Rater Reliability’ to flag the LIC809 as an Inter-Rater report.
- The Inter-Rater analyst can open an Inspection Tool from the LIC809, as described earlier in this manual - “Opening an Inspection Tool.”
- The Inter-Rater analyst will need to complete the Inspection Tool/Domain Focused Tool(s) as described in the sections above, beginning with “Opening an Inspection Tool.”
- The Inter-Rater analyst will not need to complete the Narrative of the LIC809 along with any accompanying documents that the lead LPA will be responsible for completing e.g. LIC 809D, LIC 811, etc.
 - Select the ‘Complete Inspection Tool’ button to complete the report as described in section ‘Complete the Inspection.’

FACILITY EVALUATION REPORT

CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME:	HOME SWEET HOME	FACILITY NUMBER:	405802261
ADMINISTRATOR:	MONTANO, VALERIE	FACILITY TYPE:	740
ADDRESS:	2307 ARCIERO COURT	TELEPHONE:	(805) 975-3712
CITY:	PASO ROBLES	ZIP CODE:	93446
CAPACITY:	6	STATE: CA	
		CENSUS:	
		DATE:	06/14/2018 16
TYPE OF VISIT:	Annual/Random	ANNOUNCED	
		UNANNOUNCED	
MET WITH:		TIME BEGAN:	03:55 PM
		TIME COMPLETED:	03:56 PM

☒ Inter-Rater Reliability

Inspection Tool

Complete Inspection

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1
2
3

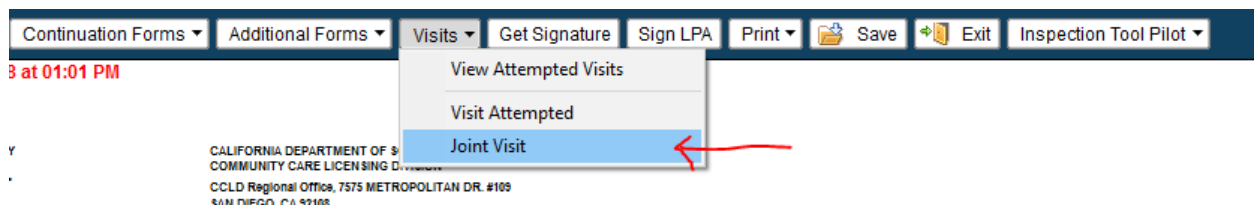
- LIC809D/LIC9102 records will be created if deficiencies or advisory notes were selected on the Inspection Tool
 - The Deficient Practice Statement, POC Due Date, and Plan of Correction do NOT need to be completed by the Inter-Rater analyst.
- The Inter-Rater Report will display ****INTER-RATER RELIABILITY INSPECTION**** in the title of the report.

▼ 405802261
▼ HOME SWEET HOME Facility 740 3 N403 2
▼ LIC809 - FER - Visit date 06/14/2018 Visit Type ANNUAL/RANDOM **INTER-RATER RELIABILITY INSPECTION**
LIC809-D - FER - Visit date 06/14/2018

- The Inter-Rater report do not need to be final printed
- Note:** The Inter-Rater analyst will NOT receive credit for the Inter-Rater report, and must be added as a Joint visitor to the primary analyst's report.
 - Described in section, 'Joint Visits' below.

JOINT VISITS

If the inspection was a joint visit, (i.e. – another LPA created an “Inter-Rater” LIC809) crediting the additional personnel is completed as described in the FAS Manual, section 4.1.072 (Joint Visits.) When the LIC809 is in edit mode, select the ‘Visits’ button, then select ‘Joint Visit.’



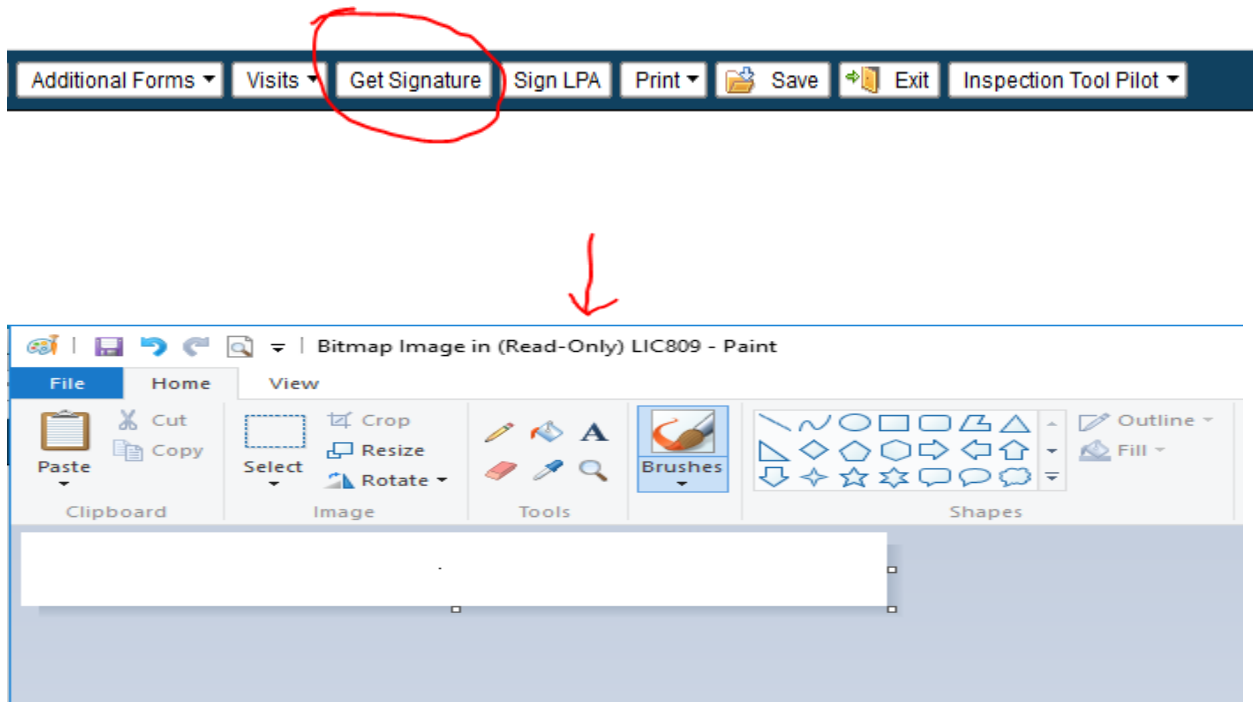
A pop-up window will appear where the additional LPA name(s) can be selected by selecting the box next to their name(s).



RECORDING THE VISIT

Once the LIC809 and Inspection Tool/Domain Focused Tool(s) have been completed, please remember to read each page of the report out loud with the facility representative, and obtain signatures on the LIC809 (and continuation pages if applicable.)

The LIC809 must be final printed to record the visit.

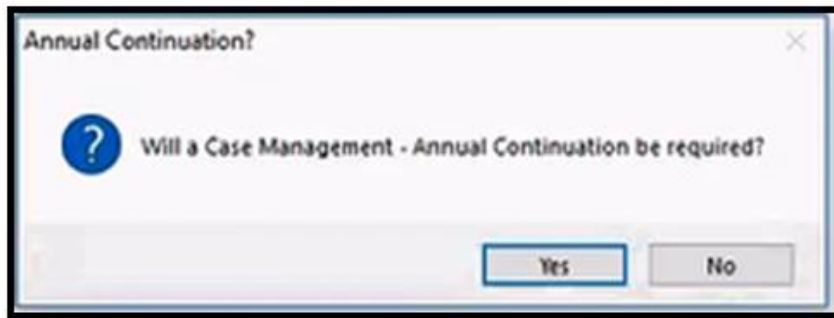


Please final print the documents by opening ONLY the first page (LIC 809) and placing it in edit mode and final printing. Please do not have the continuation form(s) (LIC 809 - C/D, etc.) open during the final print process. See section 4.5.02 of the FAS Manual for additional information regarding Final Printing and Crediting Visits.

Please do not expand this signature box itself as this will create pagination and spacing issues. Please use the View and Zoom features if you need to expand it.

ANNUAL CONTINUATION

If the inspection cannot be completed on initial inspection, please complete the current domain that you are in. you can continue the visit by creating a new LIC809 (Case Management – Annual Continuation.)



- **Note:** Upon completion of every inspection, the 802 should be Final Printed. (citing for the deficiencies entered the tool for that day)
- **The Continuation Visit is opened by double clicking on the previous Completed Final Printed document.**

	Facility Number	Form	Type	Stat	LPA Code	Arcv	3-Yr Visit	Req Visit	Count
▼	4th R-Alice Birney								
▼	493008487	Facility	850	3	R103		No	No	7
▼	LIC809 - FER - Visit date 03/13/2019 Visit Type ANNUAL/RANDOM **Recorded**								
	LIC9102 - AN - Technical Violation Created on 03/13/2019								

After entering the Facility Evaluation Report of the initial LIC809, the LPA can scroll to the far right button of the panel and select “inspection tool.”

This time an option to “continue inspection” will appear.

Amend
Updates
Additional Forms
Visits
Print
Exit
Inspection Tool Pilot

Link to Parent Document Below:

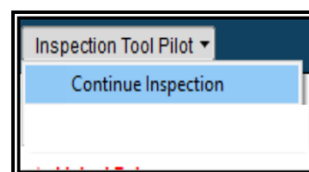
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR
SACRAMENTO, CA 95814

FACILITY NAME: 4th R-ALICE BIRNEY
ADMINISTRATOR: STEPHENS, LINDSAY
ADDRESS: 6251 13TH STREET
CITY: SACRAMENTO
CAPACITY: 75
STATE: CA
CENSUS: UNANNOUNCED
TYPE OF VISIT: Annual/Random
MET WITH: Punlee

FACILITY NUMBER: 493008487
FACILITY TYPE: 850
TELEPHONE: (707) 544-3077
ZIP CODE: 95407
DATE: 04/03/2019 16
TIME BEGAN: 08:01 AM
TIME COMPLETED: 08:02 AM

☐ Inter-Rater Reliability



This will be an indicator that a “Continuation Inspection” will occur before entering the Inspection Tool.

Amend Updates Additional Forms Visits Print Exit Inspection Tool Pilot

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT

FACILITY NAME:	4th R-ALICE BIRNEY	FACILITY NUMBER:	493008487
ADMINISTRATOR:	STEPHENS, LINDSAY	FACILITY TYPE:	850
ADDRESS:	6251 13TH STREET	TELEPHONE:	(707) 544-3077
CITY:	SACRAMENTO	ZIP CODE:	95407
CAPACITY:	75	STATE: CA	
		CENSUS:	
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED	DATE: 04/03/2019 16
MET WITH:	Punlee	TIME BEGAN:	08:01 AM
		TIME COMPLETED:	08:02 AM

☐ Inter-Rater Reliability

Begin the Case Management- Annual Continuation by entering the Inspection Tool icon.

Amend Updates Additional Forms Visits Print Exit Inspection Tool Pilot

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT

FACILITY NAME:	4th R-ALICE BIRNEY	FACILITY NUMBER:	493008487
ADMINISTRATOR:	STEPHENS, LINDSAY	FACILITY TYPE:	850
ADDRESS:	6251 13TH STREET	TELEPHONE:	(707) 544-3077
CITY:	SACRAMENTO	ZIP CODE:	95407
CAPACITY:	75	STATE: CA	
		CENSUS:	
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED	DATE: 04/03/2019 16
MET WITH:	Punlee	TIME BEGAN:	08:01 AM
		TIME COMPLETED:	08:02 AM

☐ Inter-Rater Reliability

Inspection Tool Complete Inspection

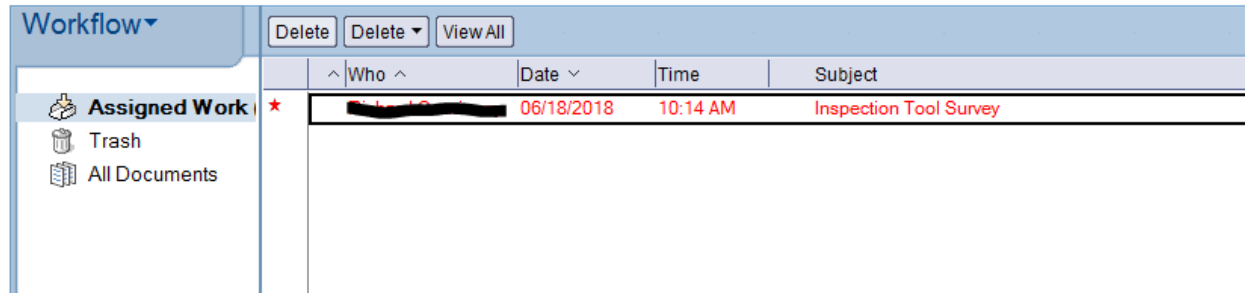
Once opened, the summary tab will highlight items that require inspection and missed items within each domain will be highlighted and will require further inspection.

Domain	Standard	Checked	Missed	Focused	Checked	Missed
Physical Plant	27	27	0			
Care and Supervision	3					
Staff Records	20					
Children Records	5					
Staffing Ratio and Capacity	7					
Personal Rights	4					
Reporting Requirements	3					
Food Service	6					
Toddler Component	3	3	0			
Entrance Guidelines						
Entrance Checklist						

- The initial domain in the continuation inspection will be the domain tab after your last saved domain in the previous inspection and continue to conduct the inspection as usual complete 809 and final print 809D/ LIC9102 TA/ LIC9102 TV

INSPECTION TOOL SURVEY

Once you have completed and final printed the report documents, a message will appear in your Workflow titled, Inspection Tool Survey.



Once you return to the office, please open the message (double click the message) to complete the survey. Users should complete these as soon as possible after completing the inspection while their recollection of the visit is still fresh. Select blue Hyperlink to begin.

Facility: HAUENSTEIN FAMILY CHILD CARE Visit Date: 05/07/2019
Facility Number: 197418081 Visit Type: Annual/Random

LPA Post-Inspection Survey

Dear Paul,

You are receiving this message because you recently completed an inspection using the new inspection tool. As part of the pilot, we ask that you complete a survey designed to collect information regarding your experience with the new inspection tools and process.

[To begin, please click on the survey link](#)

If you have any questions about the survey or encounter difficulty accessing the site, please email inspectionprocess@dss.ca.gov.

We appreciate your participation and will use your feedback to improve inspection process as we move forward.

Thank you,

Inspection Process Project Team



Were domain focused tools triggered during this inspection?

☐ Yes

☐ No



☐ The inspection process was definitely easier

☐ The inspection process was somewhat easier

☐ No change/About the same

☐ The inspection process was somewhat more difficult

☐ The inspection process was definitely more difficult



- There are multiple questions to complete for the survey, please complete all.
- Once complete with the survey, click the 'Submit' button at the end of the form.